## PAGE 3/10 \* RCVD AT 1/25/2005 5:18:54 AM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/0 \* DNIS:8729306 \* CSID:972 3 6114101 \* DURATION (mm-ss):03-22

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transmitted to the USPTO (703) 746-4000, on the date indicated below. DR. MARK FRIEDMAN LTD. C/o Bill Polkinghorn Discovery Dispatch 9003 Florin Way Upper Marlboro, MD 20772 (Signaturt) (Date FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE APPLICATION NO. 26/560 6120 Sami Mangoubi 10/736.508 TITLE OF INVENTION: OPTICAL WINDOW ASSEMBLY FOR USE IN A SUPERSONIC PLATFORM DATE DUE TOTAL FEE(S) DUE **PUBLICATION FEE** SMALL ENTITY ISSUE FEE APPLN. TYPE 04/19/2005 \$300 \$1400 NO nonprovisional ART UNIT CLASS-SUBCLASS RXAMINER 250-216000 2882 SONG, HOON K Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLRASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🚨 Corporation or other private group cutity 🚨 Government 4b. Payment of Pes(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. ☐ Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_ (enclose an extra copy of this form). Advance Order - # of Copies Deposit Account Number 5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL HNTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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